# NINTENDO OF AMERICA INC.
# ADVERTISING AND PROMOTIONS CLAIM FORM

To qualify for reimbursement, this claim form must be completed and submitted to Nintendo within 60 days after final run date of your advertisement or promotional event. Servicer's proof of performance and proof of cost MUST be attached with each advertisement and/or promotional event.

**NOTE: Fiscal Year is from April 1 through March 31**

## ACCOUNT INFORMATION

| | | |
|---|---|---|
| Date Submitted/Mailed: | | |
| Service Center Number: | Phone: ( ) | |
| Service Center Name: | | |
| Address: | | |
| City: | State: | Zip Code: |

## TYPE OF PROMOTION

| AD DATE | MEDIA NAME (Direct Mail, Yellow Pages, Newspaper, etc.) | Total Media Cost | Amount Claimed Nintendo Share |
|---|---|---|---|
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## ACTUAL NUMBER OF COMPONENTS SERVICED/ SOLD AS A RESULT OF THE AD CAMPAIGN

| System | Control Deck | AC Adapter | RF Switch | Controller (1) | Games | Other |
|---|---|---|---|---|---|---|
| GameCube® | | | | | | |
| N64® | | | | | | |
| Super NES® | | | | | | |
| Game Boy® Color | | | | | | |
| Game Boy® Advance | | | | | | |

## REPAIR CENTER COMMENTS

Please comment on the overall effectiveness of your campaign. What did you learn? What worked? What would you do differently in the future if you were to run this campaign again?

FAX YOUR COMPLETED CLAIM FORM TO (425) 558-7129
or mail to:

NINTENDO OF AMERICA INC.
Attn: Lynnette Anderson
Field Service Department Promotions
P.O. Box 97081
Redmond, WA 98073

| NINTENDO USE ONLY: | |
|---|---|
| SVC # | |
| Sales Acct # | |
| Div 9 #: | |
| Memo Bill #: | |
| Check #: | |
| RMP Posted: | |